From Problem Gambling to Gambling Harms: Moving to a New Framework

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Overview

1. Background

2. Public Health: A very brief history

3. Three Decades of Development

4. Operationalizing Public Health Model

5. Next Steps and Opportunities

Charting a path towards a public health approach for gambling harm prevention

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Abstract

Aim. Gambling harm is a serious public health issue affecting the health, financial security, and social well-being of millions of people and their close relations around the world. Despite its population health implications, gambling harm is not typically viewed and treated as a public health policy issue. This paper critically reviews the evolution of the public health perspective on gambling harm. It also considers how gambling harm can be operationalized within a public health model.

Methods. A critical historical review of the emerging public health perspective on gambling harm was conducted. Key documents covering three decades of development were reviewed and appraised through a process of deliberation and debate over source impact in the fields of research, policy, and programming internationally.

Results. The first decade mainly focused on identifying gambling harm and framing the public health issue. The second decade featured the expansion of health assessment and emerging areas of policy and program development. The third decade saw an increased focus on public health frameworks that advanced understanding of harm mechanics and impact. As reflected by the essential functions of a general public health model, gambling harm prevention efforts emphasize health promotion over other key functions like health assessment and surveillance.

Conclusion. Gambling harm is a public health issue requiring greater attention to health assessment and surveillance data development.

Keywords: Gambling harm • Public health model • Essential functions • Critical review • Health assessment • Surveillance

Introduction

The development of modern public health models began nearly 200 years ago. This health service paradigm has significantly shaped how we prevent, prepare for, and treat human health conditions at an individual and population level. Gambling-related harms, however, have not garnered the same level of attention from these health service models as other acute and chronic health conditions. Despite these circumstances, the resources, knowledge, and skill sets embedded in public health systems and models may offer substantial benefits for addressing gambling harms.

Gambling harms constitute a serious public health issue. Worldwide, an estimated 8.1% to 5.3% of adult populations experience serious problems with gambling (Calado and Griffiths 2016). Although the health, economic, social, and personal harms of gambling are most severe among problem gamblers, they can extend across the risk spectrum (Blaszczynski 2009; Broune et al. 2016; Langham et al. 2016). Further, the impact of these harms affects not only...
Who we are

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Public Health: A Very Brief History
19th Century Europe

Biomedicine

- **1898**: Liverpool School of Tropical Medicine
- **1899**: London School of Hygiene and Tropical Medicine
- **1923**: Dorland’s Medical Dictionary
- **1950s →** George Engel advocating for the social, psychological and behavioural aspects of health

Public Health

- **Late 19th C. Europe, post-industrial revolution**
- **Urbanization, industrial production, increasing population density**
- **Food and water-borne Disease, other infectious diseases**
- **Focus on sanitation, food/water safety, development of vaccines and antibiotics, expansion of epidemiology and lab sciences**
Public Health in the 20th Century (and beyond)

- Growing burden of chronic disease (CVD, cancers, diabetes, etc.)
- New emerging infectious diseases (HIV/AIDS, SARS, MERS, H1N1, COVID-19)
- Social determinants of health and *essential functions* of a public health system

(Social Determinants of Health. CDC, 2020: https://www.cdc.gov/socialdeterminants/)
Essential Functions of a Public Health System

**Health Promotion**
- Goal 1: Healthy Living & Healthy Communities
  - Healthy Living (*healthy eating, physical activity, tobacco cessation*); Healthy Communities; Food Security; Chronic Disease Prevention

**Health Protection**
- Goal 2: Maternal, Child & Family Health
  - Reproductive Health & Prevention of Disabilities; Healthy Development (*infant/child, child/youth*); Dental Health; Violence, Abuse & Neglect

**Harm Prevention**
- Goal 3: Positive Mental Health Promotion & Prevention of Substance Harms
  - Mental Health Promotion & Prevention of Mental Disorders; Harms Associated with Substances

**Health Assessment**
- Goal 4: Communicable Disease Prevention
  - Communicable Diseases

**Health Surveillance**
- Goal 5: Injury Prevention
  - Unintentional Injuries

- Goal 6: Environmental Health
  - Air Quality; Water Quality; Food Safety; Healthy Community Environments; Healthy Care Facilities

- Goal 7: Public Health Emergency Management
  - Public Health Emergency Management (*preparation, response, recovery, mitigation*)

**Provincial Level Functions & Infrastructure**
- (Public Health Human Resources; Information Systems; Information & Knowledge Transfer; Funding Levels; Policy, Legislation & Regulation; Accountability)

Gambling Harm and Public Health
What’s the harm in gambling?

- Globally prevalent activity with deep social and cultural value
- Harms can take the form financial insecurity, employment disruption, suicide, substance abuse, psychological disorders, and more
- Gambling harms can have distributed effects
- Historically viewed as individualized problems to be treated clinically

Does this sound familiar? (i.e., Tobacco and Alcohol)
- Now considered population and public health issues
- Upstream prevention to reduce downstream harms
First Decade: 1990-2000
Early Initiatives
New Zealand

1990: New Zealand National Survey of Problem and Pathological Gambling

• **Key risk factors**: Gender, age, ethnicity, employment status, having a family history of gambling, frequent engagement in continuous forms of gambling

1997: New Zealand Ministry of Health report on population mental health with chapter on problem gambling
Australia

1991: First Australian survey of gambling-related problems using measures from the 1990 NZ survey

- **Key risk factors**: Personal and interpersonal distress, employment disruption, and financial and legal issues

**Emerging PH perspective**: A preventative approach to harms would highlight social structural factors (e.g., government and industry policy and practices, environmental factors such as game design, cultural and material factors)

US and Canada

1994: Volberg, problem gambling epidemiologist, raises concerns over the unequal distribution of harm among women, children, and minorities

1998: Crockford and el-Guebaly comprehensively review psychiatric comorbidity studies and find high co-occurrence with substance use, personality and mood disorders.

1999: *Gambling and the Health of the Public*. Korn and Shaffer examine last decade of research and link to WHO Ottawa Charter for Health Promotion
Second Decade: 2000-2010
Research and Policy Advances
2000 to 2005: Moving Towards Policy

Gambling-related HARM

- Multiple dimensions of harm
- Not exclusive to those most severely affected
- Not exclusive to individual gamblers

All of these core elements relate well to social determinants of health and a public health approach.
2000 to 2005: Moving Towards Policy

- **2001**: Problem Gambling Committee of NZ
- **2003**: NZ Gambling Act
- **2004**: Responsibility in Gambling Trust in UK
- **2005**: AUS Ministerial Council on Gambling
- **2005**: Gambling Research AUS

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317 Integrated problem gambling strategy focused on public health

1. The Government may allocate responsibility for an integrated problem gambling strategy to a department, which need not be the Department responsible for this Act.

2. An integrated problem gambling strategy must include—

   (a) measures to promote public health by preventing and minimising the harm from gambling; and
Poll

Early in the second decade, in which jurisdiction was a community-based gambling and public health workplan developed to prevent and address gambling-related harm?

1. Australia
2. Great Britain
3. New Zealand
4. Canada
New Zealand! Te Ngira Gambling and Public Health workplan

- Community-based and community-first approach to addressing gambling and PH.
- Honours the bicultural nature of Māori and mainstream society, and other cultural strands that make up the country, e.g., Pacific Islanders and Asian.
- Developed a framework linked to significant public health/health promotion models for each cultural group, from which shared values emerged.
- Integrated into a strengths-based framework of procedures involving multiple sectors for community health action for gambling.

Health promotion models:

1. Māori - Te Pae Mahutonga including:
   - Access to Māori values
   - Environmental protection
   - Healthy lifestyles
   - Participation in society
   - Autonomy
   - Strong leadership

2. Mainstream culture - the Ottawa Charter for Health Promotion (more on that later)
2006 and Onward: Prospective Data

- **2006-2011**: Leisure, Lifestyle, Lifecycle Project (LLLP)
- **2006-2011**: Quinte Long. Study (QLS)
- **2008-2011**: Victorian Gambling Study (VGS)
- **2008-2015**: Swedish Long. Gambling Study (Swelogs)
- **2010**: Problem and Pathological Gambling Measure (PPGM)

Honourable Mentions

- **2012-2015**: NZ National Gambling Study
- **2015-Present**: Massachusetts Gambling Impact Cohort Study (MAGIC)

The goal of the MAGIC study is to uncover high-risk populations in Massachusetts and inform the development of effective and efficient prevention and treatment programming in the Commonwealth.

Third Decade: 2010-Present
Framework Development

Conceptual Framework of Gambling-Related Harm (2016)

DIMENSIONS OF HARM
(classification)

TEMPORAL CATEGORY
- GENERAL HARMES
- RELATIONSHIP DISRUPTION, CONFLICT OR BREAKDOWN
- EMOTIONAL OR PSYCHOLOGICAL DISTRESS
- DECREMENTS TO HEALTH
- CULTURAL HARM
- REDUCED PERFORMANCE AT WORK OR STUDY
- CRIMINAL ACTIVITY

LIFECOURSE, GENERATIONAL AND INTERGENERATIONAL HARM


**Resources**
- Work and employment
  - Unstable employment
  - Job loss
  - Reduced performance
- Money and debt
  - Debt
  - Financial insecurity
  - Reduced disposable income
- Crime
  - Anti-social behaviour
  - Crimes committed

**Relationships**
- Partners, families and friends
  - Ruptured relationships
  - Neglected relationships
  - Exploited relationships
- Community
  - Reduced community cohesion / participation
  - Social isolation
  - Increased inequalities

**Health**
- Physical health
- Psychological distress
- Mental health
  - Reduced health, wellbeing and happiness to individuals, families and communities

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Operationalizing the Public Health Approach
Health Promotion

• Persuade people to adopt healthy lifestyles
• Provide information and incentives
• Focuses on individual choice
• A weak policy tool on its own

Responsible Gambling:

• Address risk and harm from gambling
• Empowered through educational materials, free services and tools, and service provider training
Health Protection

• Assess and control health hazards
• Emphasize broader structural tools and requirements
• Emergency management of immediate PH risks

Player Protection: Age restrictions, player registration, marketing restrictions, limits on availability, review of new games, prohibition on personal credit, mandatory limits

(FDA Drug Approval Process: https://www.fda.gov/media/88742/download)
Harm Prevention and Minimization

• **Primary prevention:** before symptoms of harm manifest
• **Secondary prevention:** early symptoms of risk or harm
• **Tertiary prevention:** management and minimization of harm

**Gambling Harm Prevention:**
• **P1** – Student education (prevent/delay onset), limit setting
• **P2** – Screening tests, VSE
• **P3** – Counselling, financial blocks
Health Assessment

- Collection of population level health data for planning
- Inform policy and programming
- Power of prospective data collection

Impact of Gambling Health Assessment:
- GRH Frameworks
- CAN Lower-Risk Gambling Guidelines

Health Surveillance

• Continuous data collection and monitoring
• Focus on rapid detection and response
• Supports health protection and emergency response

Surveillance in gambling:
• NZ Kupe data explorer
• Online operator data (potentially)

Kupe data explorer

Welcome to Kupe, a data explorer developed by the Ministry of Health and the Population and Health Research Group.

Kupe allows you to explore New Zealanders’ views and experiences across several aspects of wellbeing and lifestyles.

The name, Kupe, is inspired by the Polynesian navigator and navigator’s role, according to Māori tradition, discovered the islands of Antarctica, New Zealand. After some difficulty sailing him off the coast of his homeland in Hawke’s Bay, Kupe benefited from a great deal of knowledge across the Pacific Ocean, bringing him and his followers to Antarctica, New Zealand.

Kupe is a tool to explore the complex and diverse issues that were both at the heart of his mission to venture across the Pacific Ocean, bringing him and his followers to Antarctica, New Zealand.

Choose a survey and sub-population:

Health and Lifestyles Survey (HLS)

- All respondents

- Alcohol
  - New Zealanders’ level of support for changes to help reduce alcohol-related problems, current consumption, and responses about cutting back on how much they drink.

- Eating
  - The number of days a week the main meal was prepared at home or bought from outside the home, and how often households eat their main meal together.

- Gambling
  - New Zealanders’ views and experiences of gambling including participation, frequency of participation, harm, attitudes to harm, and gambling history/spokes.

- Māori cultural identity
  - How important it is for Māori/New Zealanders to be involved in things to do with Māori culture, and their ability to speak Māori in day-to-day conversations.

- Mental health and wellbeing
  - Results about feelings of isolation, mental illness diagnosis, experience with discrimination related to mental illness, and the strength of connection to culture.

- Sun exposure
  - Number of times that New Zealanders got sunburnt during the previous spring and summer, protective behaviours, and skin checks for early detection of skin cancer.

- Tobacco
  - New Zealanders’ current smoking status, quit attempts, levels of vaping, ecigarette use, related opinions, and current use of cannabis.

(Source: https://kupe.hpa.org.nz)
Gaps and Opportunities
Gambling and Public Health: A Work in Progress

A lot has been achieved in 30 years
- Definitions of gambling harm
- Some prospective data collection
- Frameworks for policy and research

Balance across public health model not even
- Heavy emphasis on health promotion
- Evidence of health protection and harm prevention
- Health assessment and surveillance not extensive

Public health is still not a dominant paradigm for addressing gambling harm
Moving Forward

- Evidence is the foundation of the public health approach
- Shift in focus to upstream harm prevention
- Appreciation of distribution of harm and community health
- Collaboration and cross-sectoral partnerships

*The more we know, the more we share, the more we can.*
Thank You!

Questions, Comments, Keep in Touch:

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